



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

MAY 08 2002

RECEIVED

11/C  
A.G.J  
5/13/02

Application of: **Yu, et al.**

Application Number: 09/589,285

Group Art Unit: 1646

Filed: June 8, 2000

Examiner: Prasad, S.

Title: **Methods of Treatment of Immune System Related Disorders Using Neutrokin-alpha (as amended)**

Atty. Docket No. PF343P3C4

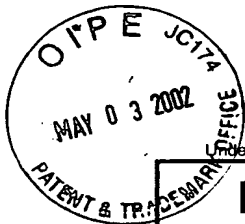
AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.111  
WITH STATEMENT UNDER 37 C.F.R. §1.125(b)(1)

Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Official Action dated November 6, 2001 (Paper No. 8), Applicants request that the following amendments and remarks be entered into the above-identified application. Applicants submit concurrently herewith:

- Please Enter*  
*SCP*  
*8/02*
- (a) Version with Markings to Show Changes Made;
  - (b) Substitute Specification;
  - (c) Version of the Substitute Specification to Show Changes Made;
  - (d) A Clean Version of the Entire Set of Pending Claims;
  - (e) First Supplemental Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with a revised Form PTO/SB/08;
  - (f) Substitute Sequence Listing in Paper and CRF formats;
  - (g) Statements Under 37 C.F.R. §§ 1.825(a) and (b);
  - (h) A Petition for a Three Month Extension of Time with appropriate fee; and
  - (i) Fee Transmittal Sheet.



Box-sequ  
1646

PTO/SB/17 (11-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>				Complete if Known			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number 09/589,285			
TOTAL AMOUNT OF PAYMENT (\$)				1100.00			
Filing Date				June 8, 2000			
First Named Inventor				Guo-Liang Yu			
Examiner Name				S. Prasad			
Group Art Unit				1646			
Attorney Docket No.				PF343P3C4			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account				Large Entity Small Entity			
Deposit Account Number 08-3425				Fee Code Fee (\$)			
Deposit Account Name Human Genome Sciences, Inc.				Fee Code Fee (\$)			
The Commissioner is hereby authorized to: (check all that apply)				Fee Description			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				Fee Paid			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code Fee (\$)							
Fee Code Fee (\$)							
Fee Description							
Fee Paid							
101, 740 201 370 Utility filing fee							
106 330 206 165 Design filing fee							
107 510 207 255 Plant filing fee							
108 740 208 370 Reissue filing fee							
114 160 214 80 Provisional filing fee							
SUBTOTAL (1) (\$)				0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims 93 -277** =				Extra Claims Fee from below Fee Paid			
Independent Claims 12 -24** =							
Multiple Dependent							
Large Entity Small Entity							
Fee Code Fee (\$)							
Fee Code Fee (\$)							
Fee Description							
103 18 203 9 Claims in excess of 20							
102 84 202 42 Independent claims in excess of 3							
104 280 204 140 Multiple dependent claim, if not paid							
109 84 209 42 ** Reissue independent claims over original patent							
110 18 210 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$)				0.00			
** or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type) Kenley K. Hoover				Registration No. (Attorney/Agent) 40,302			
Signature				Telephone (301) 610-5771			
				Date May 3, 2002			

TECH CENTER 1600/2900

MAY 08 2002

RECEIVED